



STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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1100 West 49th Street
Austin, Texas 78756-3183
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Physical Address
Mail not delivered to this address
8407 Wall Street, S-420
Austin, Texas 78754

Mailing address - documentation
accompanied by a fee (include budget
and fund as noted above)
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

INTERN PLAN AND AGREEMENT OF SUPERVISION FORM

After the supervisor and intern have reviewed Board Rules: §741.41, Code of Ethics, and §741.62, Requirements for an Intern in Speech-Language Pathology License or §741.82, Requirements for an Intern in Audiology License, the *Intern Plan and Agreement of Supervision Form* must be completed by the supervisor. In case of multiple supervisors, each supervisor must submit a separate, completed, and signed form. Faxed documents are NOT accepted by the board.

1. INTERN _____ Lic. # or SS# _____

SUPERVISOR _____ Lic. # _____

☐ Initial License ☐ Renewal ☐ Change of Supervisor ☐ Additional Supervisor

2. EMPLOYER: (Include name, mailing address (including zip) and phone number)

_____ () _____

I shall supervise this intern at the following location _____
(If more than 100 miles from my primary place of employment, I shall explain how I plan to provide the appropriate training and supervision of this intern.)

Do you share supervisory responsibility? Yes No If yes, please list the other supervisor _____

The primary supervisor of this intern is _____ Lic. # _____

3. INTERN PLAN: **Intern in SLP** **Intern in AUD**

Indicate the length of the professional experience and number of hours per week below.

36 weeks of full-time professional employment of at least 30 hours per week.

48 weeks of part-time professional employment of at least 25-29 hours per week.

60 weeks of part-time professional employment of at least 20-24 hours per week.

72 weeks of part-time professional employment of at least 15-19 hours per week.

If the number of hours worked or the length of the internship changes, the supervisor and intern must notify the board and must file a new Intern Plan noting any changes.

Will at least 80% of the internship week be spent in direct client contact (assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management? Yes No

The internship shall be divided into three segments with no fewer than 36 clock hours of supervisory activities, including 6 hours per segment of face-to-face on-site observations of the intern's contact with clients and 6 hours per segment of other monitoring activities. (Any other options must be requested in writing by attaching a detailed supervision plan.)

Anticipated Beginning Internship Date / / Anticipated Ending Internship Date / /

(Note: this date may need to be adjusted; the internship cannot begin until the Intern license is issued and/or until the intern and the supervisor have received notice that the board has given approval for this supervisor to supervise the intern).

PAGE 1 OF 2



F76-10793

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**THIS FORM CONSTITUTES AN AGREEMENT BETWEEN THE BOARD AND THE SUPERVISOR AND INTERN.
PLEASE READ CAREFULLY BEFORE YOU SIGN.**

- I certify that I have read §741.41, Code of Ethics, and §741.62, Requirements for an Intern in Speech-Language Pathology License or §741.82, Requirements for an Intern in Audiology License.
- I agree to supervise this intern in accordance with 22 T.A.C., §741.41 and §741.62 or §741.82 of the Board Rules and to follow the agreement stated in this plan.
- I will not allow this intern to practice until I have verified that the intern holds a current valid license and I have been approved by the Board office to supervise this intern. Although an intern may pursue the American Speech-Language-Hearing Association Clinical Fellowship Year (ASHA CFY) simultaneously, **APPROVAL FROM ASHA TO BEGIN THE CFY IS NOT A LICENSE TO PRACTICE.** An intern may not practice before the intern license is issued.
- I agree to accept responsibility for the services to the client that may be performed by this intern.
- I understand that my license is subject to disciplinary action if any of the above is violated.
- §741.62 (g) requires that a supervisor have practiced for at least 3 years. I have practiced _____ years; I began to practice _____.

Supervisor's Signature

Date

- I certify that I have read §741.41, Code of Ethics, and §741.62, Requirements for an Intern in Speech-Language Pathology License or §741.82, Requirements for an Intern in Audiology License.
- I will not begin to practice until my license has been issued and I have been approved by the Board office to work under the supervision of the above supervisor.
- I have checked and found my supervisor holds a current Texas license.
- If I change supervisors, I will submit a current Intern Plan and Agreement of Supervision form, and I will not resume practice until I receive approval from the board office.
- I understand that I must apply for licensure within 60 days of completion of my 36-week full time supervised professional experience, per §741.65 (n), if I wish to continue to practice.

Intern's Signature

Date

If your address has changed, please attach a separate page noting your new address.

**PLEASE REVIEW TO BE SURE ALL QUESTIONS ARE CORRECTLY COMPLETED.
INCOMPLETE/INACCURATE FORMS WILL BE RETURNED UNPROCESSED AND MAY SIGNIFICANTLY
DELAY YOUR APPROVAL. FAXED DOCUMENTS ARE NOT ACCEPTED.**